

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF VIRGINIA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Endoscopic Wellness Center of America, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 81-4845579

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1800 Alexander Bell Drive  
Suite 515/515A  
Reston, VA 21091

Number, Street, City, State & ZIP Code

Fairfax

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Endoscopic Wellness Center of America, LLC Case number (if known) \_\_\_\_\_  
Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.  
 \_\_\_\_\_

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?  
☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Endoscopic Wellness Center of America, LLC**  
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☐ No  
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **See Attachment**

District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

### Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☒ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☒ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor

**Endoscopic Wellness Center of America, LLC**

Case number (if known)

Name

☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Endoscopic Wellness Center of America, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 3, 2024**  
MM / DD / YYYY

**X /s/ R. Allen Blosser, MD**  
Signature of authorized representative of debtor  
  
Title **Manager**

**R. Allen Blosser, MD**  
Printed name

**18. Signature of attorney**

**X /s/ Kermit A. Rosenberg**  
Signature of attorney for debtor

Date **May 3, 2024**  
MM / DD / YYYY

**Kermit A. Rosenberg**  
Printed name

**Washington Global Law Group, PLLC**  
Firm name

**1701 Pennsylvania Avenue, NW**  
**Suite 200**  
**Washington, DC 20006**  
Number, Street, City, State & ZIP Code

Contact phone **202.683.2014**

Email address **krosenberg@washglobal-law.com**

**#14975 VA**  
Bar number and State

Debtor Endoscopic Wellness Center of America, LLC Case number (if known) \_\_\_\_\_  
Name

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF VIRGINIA

Case number (if known) \_\_\_\_\_ Chapter 7

☐ Check if this an amended filing

**FORM 201. VOLUNTARY PETITION**  
**Pending Bankruptcy Cases Attachment**

Debtor	<u>Advanced Medical GI PC</u>	Relationship to you	<u>Affiliate</u>
District	<u>Eastern District of Virginia</u>	When	<u>12/15/23</u>
Case number, if known			<u>23-12054-KHK</u>
Debtor	<u>The Gasterology Center of Virginia PLLC</u>	Relationship to you	<u>Affiliate</u>
District	<u>Eastern District of Virginia</u>	When	<u>11/02/23</u>
Case number, if known			<u>23-11800-KHK</u>

**Fill in this information to identify the case:**

Debtor name Endoscopic Wellness Center of America, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 3, 2024

X /s/ R. Allen Blosser, MD

Signature of individual signing on behalf of debtor

R. Allen Blosser, MD

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Endoscopic Wellness Center of America, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>60,613.33</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>60,613.33</u>

Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>0.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>2,703.29</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>1,108,532.17</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>1,111,235.46</u>



**Fill in this information to identify the case:**Debtor name Endoscopic Wellness Center of America, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. JPMorgan Chase Bankchecking6219\$60,613.33**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$60,613.33**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11b. Over 90 days old:

10.00

-

10.00

=...

\$0.00

face amount

doubtful or uncollectible accounts

Debtor Endoscopic Wellness Center of America, LLC  
Name

Case number (If known) \_\_\_\_\_

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☐ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor Endoscopic Wellness Center of America, LLC Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$60,613.33</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$0.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$60,613.33</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$60,613.33</b>

**Fill in this information to identify the case:**

Debtor name Endoscopic Wellness Center of America, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Endoscopic Wellness Center of America, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service Centralized Insolvency Operati PO Box 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,290.61</b>	<b>\$2,290.61</b>
	Date or dates debt was incurred <b>4Q2023</b>	Basis for the claim: <b>Withholding</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Virginia Department of Taxatio PO Box 27407 Richmond, VA 23218-1998</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$402.68</b>	<b>\$402.68</b>
	Date or dates debt was incurred <b>4Q2023</b>	Basis for the claim: <b>Withholding</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Endoscopic Wellness Center of America, LLC</b>	Case number (if known)	
Name			

  

2.3	Priority creditor's name and mailing address <b>Virginia Employment Commission</b> <b>PO Box 26441</b> <b>Richmond, VA 23261-6441</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10.00</b>	<b>\$10.00</b>
Date or dates debt was incurred <b>4Q23</b>		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address <b>AAV</b> <b>Attn: Payment Processing</b> <b>PO Box 945392</b> <b>Atlanta, GA 30394</b> Date(s) debt was incurred <u>2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42,300.00</b>	
3.2	Nonpriority creditor's name and mailing address <b>Apollo Endosurgery, Inc.</b> <b>PO Box 735402</b> <b>Dallas, TX 75373-5402</b> Date(s) debt was incurred <u>2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74,370.40</b>	
3.3	Nonpriority creditor's name and mailing address <b>Barnard &amp; Fifth Capital Group</b> <b>1525 Broadway</b> <b>Hewlett, NY 11557</b> Date(s) debt was incurred <u>2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guarantee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107,584.23</b>	
3.4	Nonpriority creditor's name and mailing address <b>Boston Scientific Corp.</b> <b>100 Boston Scientific Way</b> <b>Marlborough, MA 01752</b> Date(s) debt was incurred <u>2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,994.73</b>	
3.5	Nonpriority creditor's name and mailing address <b>Epic Advance LLC</b> <b>101 Chase Ave.</b> <b>Suit 101</b> <b>Lakewood, NJ 08701</b> Date(s) debt was incurred <u>2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guarantee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,880.60</b>	

Debtor	Name	Case number (if known)	
	<b>Endoscopic Wellness Center of America, LLC</b>		
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Favo Funding LLC</b> <b>c/o Steven Zakhayayev, Esq.</b> <b>10 W. 37th Street, RM 602</b> <b>New York, NY 10018</b> Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Guarantee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$189,464.85</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Fintegra, LLC</b> <b>c/o Yeshaya Gorkin, Esq.</b> <b>PO Box 605</b> <b>New York, NY 10038</b> Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchant funding agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87,726.94</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Kalamata Capital Group, LLC</b> <b>7315 Wisconsin Ave</b> <b>Suite 550E</b> <b>Bethesda, MD 20814</b> Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Merchant funding agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Premium Merchant Funding</b> <b>55 Water St.</b> <b>Floor 50</b> <b>New York, NY 10004</b> Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Guarantee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$485,400.42</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Seamless Capital Group, LLC</b> <b>c/o Isaac H. Greenfield, Esq.</b> <b>2 Executive Blvd., Ste. 305</b> <b>Suffern, NY 10901</b> Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Guarantee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59,810.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>David Fogel, PC</b> <b>1224 Franklin Ave.</b>	Line <u>3.5</u>  <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.2	<b>Joseph I. Sussman, P.C.</b> <b>333 Pearsall Ave.</b> <b>Suite 205</b> <b>Cedarhurst, NY 11516</b>	Line <u>3.9</u>  <input type="checkbox"/> Not listed. Explain <u>          </u>	—

Debtor **Endoscopic Wellness Center of America, LLC**

Case number (if known)

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.3 **Stanley A. Roberts, Esq.  
McGuire Woods  
300 East Canal Street  
Richmond, VA 23219**

Line **3.1**

☐ Not listed. Explain \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

**Total of claim amounts**

5a. \$ **2,703.29**

5b. + \$ **1,108,532.17**

5c. \$ **1,111,235.46**



**Fill in this information to identify the case:**

Debtor name Endoscopic Wellness Center of America, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name **Endoscopic Wellness Center of America, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Advanced Medical GI PC**  
1800 Alexander Bell Drive  
Suite 515/515A  
Reston, VA 20191

**Premium Merchant Funding**

☐ D \_\_\_\_\_  
☒ E/F **3.9**  
☐ G \_\_\_\_\_

2.2 **Advanced Medical GI PC**  
1800 Alexander Bell Drive  
Suite 515/515A  
Reston, VA 20191

**Barnard & Fifth Capital Group**

☐ D \_\_\_\_\_  
☒ E/F **3.3**  
☐ G \_\_\_\_\_

2.3 **Advanced Medical GI PC**  
1800 Alexander Bell Drive  
Suite 515/515

**Epic Advance LLC**

☐ D \_\_\_\_\_  
☒ E/F **3.5**  
☐ G \_\_\_\_\_

2.4 **Advanced Medical GI PC**  
1800 Alexander Bell Drive  
Suite 515/515  
Reston, VA 20191

**Favo Funding LLC**

☐ D \_\_\_\_\_  
☒ E/F **3.6**  
☐ G \_\_\_\_\_

Debtor **Endoscopic Wellness Center of America, LLC**

Case number (if known)

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- |       |                                      |  |  |   |
|-------|--------------------------------------|--|--|---|
| 2.5   | <b>Advanced Medical GI PC</b>        | <b>1800 Alexander Bell Drive<br/>Suite 515/515<br/>Reston, VA 20191</b>  | <b>Seamless Capital Group, LLC</b>       | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.10</u><br><input type="checkbox"/> G _____ |
| <hr/> |                                      |  |  |   |
| 2.6   | <b>Gastroenterology Cntr VA PLLC</b> | <b>1800 Alexander Bell Drive<br/>Suite 515/515A<br/>VA 22091</b>         | <b>Barnard &amp; Fifth Capital Group</b> | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.3</u><br><input type="checkbox"/> G _____  |
| <hr/> |                                      |  |  |   |
| 2.7   | <b>Gastroenterology Cntr VA PLLC</b> | <b>1800 Alexander Bell Drive<br/>Suite 515/515A<br/>Reston, VA 22091</b> | <b>Epic Advance LLC</b>                  | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.5</u><br><input type="checkbox"/> G _____  |
| <hr/> |                                      |  |  |   |
| 2.8   | <b>Gastroenterology Cntr VA PLLC</b> | <b>1800 Alexander Bell Drive<br/>Suite 515/515A<br/>Reston, VA 22091</b> | <b>Favo Funding LLC</b>                  | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.6</u><br><input type="checkbox"/> G _____  |
| <hr/> |                                      |  |  |   |
| 2.9   | <b>Gastroenterology Cntr VA PLLC</b> | <b>1800 Alexander Bell Drive<br/>Suite 515/515A<br/>Reston, VA 22091</b> | <b>Premium Merchant Funding</b>          | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.9</u><br><input type="checkbox"/> G _____  |
| <hr/> |                                      |  |  |   |
| 2.10  | <b>Gastroenterology Cntr VA PLLC</b> | <b>1800 Alexander Bell Drive<br/>Suite 515/515A<br/>Reston, VA 22091</b> | <b>Seamless Capital Group, LLC</b>       | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.10</u><br><input type="checkbox"/> G _____ |
| <hr/> |                                      |  |  |   |
| 2.11  | <b>R. Allen Blosser, MD</b>          | <b>11800 Sunset Hills Rd, #306<br/>Reston, VA 20190</b>                  | <b>Premium Merchant Funding</b>          | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.9</u><br><input type="checkbox"/> G _____  |

Debtor **Endoscopic Wellness Center of America, LLC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.12	<b>R. Allen Blosser, MD</b>	<b>11800 Sunset Hills Rd, #306 Reston, VA 20190</b>	<b>Barnard &amp; Fifth Capital Group</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
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2.13	<b>R. Allen Blosser, MD</b>	<b>11800 Sunset Hills Rd, #306 Reston, VA 20190</b>	<b>Epic Advance LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
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2.14	<b>R. Allen Blosser, MD</b>	<b>11800 Sunset Hills Rd, #306 Reston, VA 20190</b>	<b>Favo Funding LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
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2.15	<b>R. Allen Blosser, MD</b>	<b>11800 Sunset Hills Rd, #306 Reston, VA 20190</b>	<b>Seamless Capital Group, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
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2.16	<b>R. Allen Blosser, MD</b>	<b>11800 Sunset Hills Rd, #306 Reston, VA 20190</b>	<b>Fintegra, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____
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2.17	<b>R. Allen Blosser, MD</b>	<b>11800 Sunset Hills Rd, #306 Reston, VA 20190</b>	<b>Kalamata Capital Group, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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United States Bankruptcy Court  
Eastern District of Virginia

In re Endoscopic Wellness Center of America, LLC

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>5,762.00</u>
Prior to the filing of this statement I have received .....	\$	<u>5,762.00</u>
Balance Due .....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (*specify*) **R. Allen Blosser, MD**

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (*specify*) **N/A**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Other provisions as needed:

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 3, 2024

*Date*

/s/ Kermit A. Rosenberg

**Kermit A. Rosenberg**

*Signature of Attorney*

Washington Global Law Group, PLLC

*Name of Law Firm*

**1701 Pennsylvania Avenue, NW  
Suite 200**

**Washington, DC 20006**

**202.683.2014 Fax: 202.580.6559**

AAV  
Attn: Payment Processing  
PO Box 945392  
Atlanta, GA 30394

Advanced Medical GI PC  
1800 Alexander Bell Drive  
Suite 515/515A  
Reston, VA 20191

Advanced Medical GI PC  
1800 Alexander Bell Drive  
Suite 515/515

Advanced Medical GI PC  
1800 Alexander Bell Drive  
Suite 515/515  
Reston, VA 20191

Apollo Endosurgery, Inc.  
PO Box 735402  
Dallas, TX 75373-5402

Barnard & Fifth Capital Group  
1525 Broadway  
Hewlett, NY 11557

Boston Scientific Corp.  
100 Boston Scientific Way  
Marlborough, MA 01752

David Fogel, PC  
1224 Franklin Ave.

Epic Advance LLC  
101 Chase Ave.  
Suit 101  
Lakewood, NJ 08701

Favo Funding LLC  
c/o Steven Zakhayayev, Esq.  
10 W. 37th Street, RM 602  
New York, NY 10018

Fintegra, LLC  
c/o Yeshaya Gorkin, Esq.  
PO Box 605  
New York, NY 10038

Gastroenterology Cntr VA PLLC  
1800 Alexander Bell Drive  
Suite 515/515A  
VA 22091

Gastroenterology Cntr VA PLLC  
1800 Alexander Bell Drive  
Suite 515/515A  
Reston, VA 22091

Internal Revenue Service  
Centralized Insolvency Operati  
PO Box 7346  
Philadelphia, PA 19101-7346

Joseph I. Sussman, P.C.  
333 Pearsall Ave.  
Suite 205  
Cedarhurst, NY 11516

Kalamata Capital Group, LLC  
7315 Wisconsin Ave  
Suite 550E  
Bethesda, MD 20814

Premium Merchant Funding  
55 Water St.  
Floor 50  
New York, NY 10004

R. Allen Blosser, MD  
11800 Sunset Hills Rd, #306  
Reston, VA 20190

Seamless Capital Group, LLC  
c/o Isaac H. Greenfield, Esq.  
2 Executive Blvd., Ste. 305  
Suffern, NY 10901

Stanley A. Roberts, Esq.  
McGuire Woods  
300 East Canal Street  
Richmond, VA 23219

Virginia Department of Taxatio  
PO Box 27407  
Richmond, VA 23218-1998

Virginia Employment Commission  
PO Box 26441  
Richmond, VA 23261-6441



**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Endoscopic Wellness Center of America, LLC**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Endoscopic Wellness Center of America, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**R. Allen Blosser, MD  
11800 Sunset Hills Rd, #306  
Reston, VA 20190**

☐ None [*Check if applicable*]

**May 3, 2024**

Date

**/s/ Kermit A. Rosenberg**

**Kermit A. Rosenberg**

Signature of Attorney or Litigant

Counsel for **Endoscopic Wellness Center of America, LLC**

**Washington Global Law Group, PLLC**

**1701 Pennsylvania Avenue, NW**

**Suite 200**

**Washington, DC 20006**

**202.683.2014 Fax:202.580.6559**

**krosenberg@washglobal-law.com**